REGION 1 INCLUDENT NOTIFICATION REPORT Reported: (mm/dd/yy) 0811219 Military Time: 16:35 Regional Time: Recorded by NRC Case No.: SSI Report **CRERNS** Through NRC: Reported by: R Anony Mous Ε Organization Name: P. Enterprise Federal P Organization: Discharger P. Utility Unknown Citizen A) 0 State Local Address: R State: County: T City: Phone No.: Ext: E Zip: Δ **CONFIDENTIAL:** R P. Citizen Federal P. Enterprise P. Utility Organization: State Loçal Unknown NV IND B) DIS-As Above in A Name 21-570 Contact: **CHARGER** Address: County: State: MH City: Aur er cester 584544 Zip: Phone No |Ext: SDMS DocID Street or Approx. Location: As above in B C) INCIDENT Address: LOCATION State: City: County: Ext: Phone No.: ( Zip: Discovery Date: Spill Date: on Join Military Spill Time: D) DATE Material Name 2 Unknown Material Material Name Material Name 3 М 95h Hudrac (Check off) Α UN/DOT Number T E) CAS Registry Number E CHRIS Code R Quantity Spilled Units of Measure L Amount in Water R.Q R.Q R.Q R.Q. Status Fixed Fac. Air Trans. Highway Pipeline Vessel S Source of spill: Railway AST Unknown O Off Shore Other Units: # of Tanks: F) U Vehicle ID: Capacity: 2000 R Description ≶હશ C Ε Groundwater Medium Affected: Water G) Land Describe: **MEDIUM** Within Facility Other =.> Disching Pond Waterway Affected OperationalError Dumping С Reported Cause: Trans. Accident Natural Phenomenon Unknown Equipment Failure Α H) U Description 5e 2 MOIS Comment S I) DAMAGE | Damages: No. of injuries No. of deaths | Property damage > 50000 J) ACTIONS Evacuation No. of Evacuees: Actions Taken: USCG Discharger Caller Has Notified: State/Local K) NOTIFIED Other Unknown Agency Name: Contact: Contact: Agency Name: Comments NIG Take Oc arod COMMENTS USEPA Discharger USCG Other M) Responding Agency: | State Local REGIONAL Agency Name: Responder: DATA Agency Name: Responder: **FIELDS** Polrep Date: Fund Financed Removal Referal to other Organization:

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